

Imagine Act And Succeed

IAS 83 Union St

Inspection report

83 Union Street
Oldham
Greater Manchester
OL1 1PF

Tel: 01616271314
Website: www.imagineactandsucceed.co.uk

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16 July 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: IAS 83 Union St provides care and support to people living in their own homes. This type of service is known as supported living.

The care service had been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary life as any citizen.

People's experience of using this service: People's care needs were assessed, and they received good quality person-centred care from support workers who understood their needs well.

Support workers promoted people's choice and independence and ensured they had access to a wide range of individualised activities.

People were engaged and involved in the day to day running of their home. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Support workers were knowledgeable and received training, supervision and support to carry out their roles effectively. Support workers were committed to providing person-centred support.

Support workers used a variety of communication methods to ensure people's wishes were heard and acted upon.

More information is in the full report.

Why we inspected: This was a planned inspection based on the rating of good at the last inspection undertaken in October 2016.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in accordance with our re-inspection programme.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

IAS 83 Union St

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one adult social care inspector.

Service and service type: IAS 83 Union St provides care and support to people living in their own homes as supported tenancies.

The service had a manager who was in the process of registering with the Care Quality Commission. Once registered this means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff would be in the office to support the inspection.

We visited the office location on 27 June 2019 to meet with the manager and the head of operations and to review records connected with the management of the service. On 9 July 2019 we visited three supported living households and spoke with a senior lead, two team leaders and three support workers. We returned to the office on 16 July 2019 to give the service feedback on our findings.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, and we sought feedback from the local authority. We had not requested a provider information return (PIR). The PIR gives some key information about the service, what the service does well and improvements they plan to make. However, the service provided us with this information during our visit.

During the inspection we met and observed for short periods 10 people who were limited in their ability to speak with us and staff supporting them.

We reviewed the care plans and risk assessments for two people, three staff recruitment files, the training matrix for staff and a range of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated good. At this inspection this key question had remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Support workers received safeguarding training. They had a good understanding about how to raise concerns and were confident that action would be taken if they raised any concerns.
- People we saw appeared relaxed and content.
- Support workers said, "I am quite vocal if I am not happy I will say. [People] come first" and "I am here to speak up for people. I am their voice." They told us they felt safe and comfortable working at the houses.

Staffing and recruitment

- We checked staff recruitment procedures were followed. We found that all the required employment checks such as criminal records were undertaken. However, staff employment histories in some cases needed to be strengthened to show a full employment history on the application form. This was addressed during our inspection.
- People were involved in the recruitment of staff to their team. This involved meeting potential candidates outside their homes, for example, with support in a local café. This was done to gain feedback from people and assess the candidate's ability to communicate effectively with them.
- No outside agency staff were used by the provider. Staff told us that they would cover any absences from within the team to ensure that people were supported by staff who knew them well.
- Staff told us they thought there were enough support workers and we observed people received consistent and timely support.
- Staffing levels were determined by people's planned activities to ensure they had support in place to participate.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Risks to people's health and safety were assessed and a range of detailed risk assessments were completed.
- We saw that fire and health and safety audits had been carried out for the houses we visited.
- Some managers told us that they had attended a 5 day train the trainer course so that they could teach other staff safe moving and handling techniques, including the use of a hoist.

Using medicines safely

- Staff told us that they received training in the safe administration of medicines and that their competence was checked by managers annually. A medicines check was undertaken at each staff handover.
- We saw that some people had special arrangements in place for the administration of medicines, such as giving medicines in food without their knowledge. We saw that a best interest meeting had been carried out to ensure that this was the right approach to take.
- Another person used "when required or PRN" medicines to help support the person in the management of

their behaviours. We saw that there were clear guidelines in place for staff to follow to ensure that this medicine was only used as a last resort.

- Where a person used an off-licence medicine support was arranged to ensure the person attended hospital appointments to check for adverse effects.
- The registered provider had signed up to the STOMP initiative. STOMP stands for stopping over medication of people with a learning disability, autism or both.

Preventing and controlling infection

- Support workers completed training in food hygiene and infection control. They confirmed they had access to aprons and gloves when supporting people with personal care or preparing food.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question had remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support; induction, training, skills and experience

- New staff and service managers received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff.
- Additional training was provided where people needed specialist support with swallowing and choking, epilepsy and moving and handling using a hoist. Support workers we spoke with said they felt confident to support people in these risk areas.
- Support workers said, "I have received a lot of training and there is the opportunity to progress here" and "I have been given the opportunity to progress [at IAS] and had training to do this."
- Staff said they received good management support and thought teamwork and support was good. A team leader said, "We know each other well and utilise support worker strengths."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law Ensuring consent to care and treatment in line with law and guidance

- People's needs were fully assessed before they moved into supported living or shared lives accommodation. Compatibility with co-tenants was a key consideration and regular meetings took place to match people accordingly.
- People we saw were assessed as lacking mental capacity. However, we saw that people were able to make choices about what they wanted to eat, what clothes they wanted to wear, by touch for someone with a sensory impairment and others would clearly refuse support if they did not want it. It was recognised that some people could change their minds quite quickly, so support workers needed to check back with them. People's decisions were respected.
- We observed support workers asking for consent from people before they provided support or care.
- People had positive behaviour support plans which provided comprehensive information about how to recognise signs they may become anxious or upset. Proactive strategies were followed to help reduce people's anxiety.
- We saw there were special legal arrangements in place for one person. We recommended that support workers at this person's home received appropriate training about this arrangement.

Supporting people to eat and drink enough to maintain a balanced diet.

- We saw a support worker patiently supporting a person at high risk of choking to eat their pudding which was a delicious bowl of chocolate profiteroles. The support worker was seen to be positioned at eye/face level and gently encouraged the person throughout the process, enabling them to eat it all.
- Staff at another house said, "We are always on our guard for people choking and must sit and watch [person] paying attention to their posture."

- In other houses staff said, "We encourage people to eat as healthily as possible and some people have lost weight."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Some people experienced behaviours that could at times challenge other people. Positive behavioural management plans were in place to guide staff as to the best approach to take to reduce people's anxiety.
- People had access to a wide range of healthcare professionals, which included a dentist with experience of treating people with complex needs. Other healthcare professionals included, a learning disability psychiatrist, learning disability nurses, community psychiatric nurses.
- The provider had their own positive behavioural support team that people and support workers could access. They had received ARC (Assess/Respond/Care) training. This training is accredited with the British Institute of Learning Disabilities.
- We saw that where someone needed an urgent operation a best interest meeting had been carried out to ensure it was appropriate to do so.
- Some people had very active lifestyles and were involved in cycling, attending the gym, trampolining, swimming and wheelchair dancing.

Adapting service, design and decoration to meet people's needs

- People's homes had disabled access, user friendly gardens and equipment was used to promote people's independence.
- People's had their own spacious bedrooms which were personalised to their own tastes with many belongings.
- We saw that plans were in place to refurbish/improve a person's sensory bedroom with new equipment. We also saw that some people had been involved in decorating their rooms. Choices people made reflected their love of pink in one case and all things that sparkle in another.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question remained good. This meant people were supported and treated with dignity and respect; and involved in partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People appeared well cared for and wore age appropriate clothes of their choice and items of jewellery were appropriate.
- During the inspection the support workers we spoke with were kind and caring. They knew people's preferences very well and used this knowledge to support them in the way they wanted.
- Staff spoke positively about working at the houses. They said, "It is lovely here, it is like being part of a family" and "I love the job and enjoy coming to work."

Respecting and promoting people's privacy, dignity and independence

- People's choice and independence were promoted.
- We saw and were told that some people were involved to varying degrees in the day to day running of their home, including shopping, laundry, cleaning and food preparation.
- Where possible people used public transport for example the bus service and the tram to access community facilities, independently or with the support of staff.
- One person used a GPS watch because they occasionally got lost when out on activities. The watch enabled the person to maintain their independence in the community which is what they wanted.
- Support workers told us they had received privacy and dignity training. They were able to give us examples of how they knocked on people's bedroom doors before entering and respected it was their personal space.
- Support workers also ensured people's dignity by ensuring bedroom, bathroom and toilet doors were closed during personal care and people were kept covered if being transferred from bathrooms to bedrooms.

Supporting people to express their views and be involved in making decisions about their care

- Support workers had formed good relationships with people who used the service and engaged positively with people.
- People were supported to maintain contact with family and friends who were involved in making decisions about their care.
- We were told about a person who when they were moved into the house were reliant on picture cards to communicate. However, over time as relationships were forged with staff the person's confidence improved and they were able to speak more. This had increased the control they had in making day to day choices and decisions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated good. At this inspection this key question had remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People's support plans described the assistance they needed. We found support plans were detailed and contained person-centred information. However managers recognised that improvements could be made to make them more user friendly.
- Support workers told us that they thought the plans were easy to read and follow.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People participated in activities in the local community such as, shopping, going to church, day centres, a sensory centre and sports facilities.
- People had their own interests for example watching Bollywood movies, music, doing arts and crafts and searching for and buying the largest inflatable balloons they could find.
- At one house a person enjoyed watching squirrels and other wildlife that came into their garden and a cat who visited them. At another house people held a tea party recently to support a person to celebrate Eid. Eid is Muslim festival marking the end of the holy month of fasting.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure that people are given information in a way they can understand. This standard applies to all people with a disability, impairment or sensory loss and in some cases their carers.

- During our visits we saw that people used different methods for example picture cards, a communication passport and signs to communicate with others.
- Support workers knew people well and were able to interpret people's facial expressions, gestures and vocalisation.
- Where appropriate interpreters were used to involve relatives in best interest meetings.
- A support worker had learnt Makaton signs to help support a person who appeared to use this communication system. Makaton uses signs, symbols and speech to help people communicate.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We saw a copy of this was in an easy read format and available on people's care records.
- A log of complaints was maintained and showed what action had been taken and any outcomes and learning.

End of life care and support

- The service was not providing any end of life care and support at the time of our inspection; however, the service had previously supported people who were at the end of their life to remain in their own homes with support from other health care professionals until their death.
- People were being supported when their parent was ill or had died to try and reduce any distress or anxiety they were experiencing during this difficult time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated good. At this inspection this key question had remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Manager and staff being clear about their roles and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

- The provider had recently introduced a new management structure. Both the new manager and the head of operations had worked for the provider for many years and had previous knowledge of some of the longstanding people who used the service. The managers were supported by four service leads who worked across all the houses and community support.
- New training had been introduced for managers to ensure they knew what was expected from the role and their responsibilities.
- Staff told us that all managers were approachable and supportive. Staff felt they were listened to and managers valued their knowledge, views and opinions about people and their support needs.
- Checks in people's homes enabled managers to check the environment, equipment, medicine management and safety.
- Policies and procedures were regularly reviewed and revised to ensure that they stayed in line with current legislation and best practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; engaging and involving people using the service the public and staff, fully considering their equality characteristics.

- The managers were in the process of visiting all the people who used the service and their support workers and introducing themselves. They had already started to put together improvements for the service.
- The service had systems in place to monitor the quality and safety of the service. Regular audits were undertaken to ensure the service maintained high standards. Quality assurance checks were carried out to check records were accurate and up to date.
- The new managers were in the process of sending out satisfaction surveys to people, relatives and health and social care professionals to gain their views about the service.
- Staff groups met frequently, and managers met with staff regularly to support them in their role. We were told and saw on records that team and managers meetings always started with a review of what had gone well.
- The service produced and distributed an annual report to keep people, relatives and staff updated with service news.
- The service worked closely with relative and with professionals such as social workers, learning disability nurses, commissioners and others to ensure that the service they provided was consistent with local authority and national guidelines and met the assessed needs of people who used the service.

- Managers understood their responsibilities and what action they needed to take in relation to the duty of candour. This means being open and honest with people when something goes wrong.